2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083546

Entity Name: GAUMS INC.

FILED Jul 16, 2006 Secretary of State

Current P	Principal Place of Business:	New Principal Place of	Business:
	TE HILL WAY MERE, FL 34786		
Current N	Mailing Address:	New Mailing Address:	
	TE HILL WAY MERE, FL 34786		
FEI Number	r: 20-1194081 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	t: Name and Address of N	lew Registered Agent:
WINDERN	TIE HILL WAY MERE, FL 34786 US		
	e named entity submits this statement for te of Florida	the purpose of changing its registered o	ffice or registered agent, or both,
n the Stat	te of Florida.	the purpose of changing its registered o	ffice or registered agent, or both,
n the Stat	te of Florida.		ffice or registered agent, or both, Date
n the Stat SIGNATU n accordar	te of Florida. IRE: Electronic Signature of Registered note with s. 607.193(2)(b), F.S., the corporation of the corporation o	d Agent	
in the Stat SIGNATU In accordar Election Ca	te of Florida. IRE: Electronic Signature of Registered	d Agent did not receive the prior notice.	
n the Stat SIGNATU n accordar Election Ca OFFICER Title: Name: Address:	te of Florida. IRE: Electronic Signature of Registered ance with s. 607.193(2)(b), F.S., the corporation ampaign Financing Trust Fund Contribution ().	d Agent did not receive the prior notice. ADDITIONS/CHANGES	Date
in the Stat SIGNATU in accordar Election Ca	te of Florida. JRE: Electronic Signature of Registered note with s. 607.193(2)(b), F.S., the corporation of mpaign Financing Trust Fund Contribution (). S AND DIRECTORS: PD () Delete SHAH, SHARAD 1907 KATIE HILL WAY	d Agent did not receive the prior notice. ADDITIONS/CHANGES Title: () Name: Address: City-St-Zip:	Date TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARAD SHAH PD 07/16/2006